



SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

Miss Salt River Pageant Committee

10005 E. Osborn Road Scottsdale, Arizona 85256-9722 Phone (480) 362-7474

Jr. Miss/ Miss Salt River Physical Form

The Miss Salt River Committee requires all participants to be in good health. This form should be filled out no more than 3 months prior to the application deadline. All information on this form is confidential and will be treated as such.

Date: _____

Participant name: _____ Age: _____

Parent name: _____

Address: _____

Telephone number (cell): _____ (home): _____

Physician name: _____

Does the participant have any ongoing medical conditions? If yes, please list

Does the participant have any allergies to medicines, pollens, food or stinging insects? If yes, please list.

Does the participant have any physical limitations (including pregnancy) that would prevent them from participating in all pageant activities?

I, _____, certify that _____ is in good

(Physician's Name Printed)

(Participant's Name)

health and is released to participant in the Jr. Miss/Miss Salt River Pageant with no restrictions.

Physician Signature: _____ Date: _____